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MARRIAGE AND SYPHILIS

Discussion after Addresses by Dr. G. RIDDOCH and
Dr. P. N. PANTON

THE PRESIDENT (Dr. Fox) said that the conundrums which had been put before the Society were so stimulating that he almost felt he wanted to interrupt. He was very pleased to hear Dr. Riddoch lay stress on the intermittent character of syphilis ; it was as intermittent as tubercle.

With regard to the questions propounded, not only was there no answer now, but to most of them in most cases there never would be an answer. One was largely dependent on the evidence of patients, which was particularly unreliable in the case of syphilis. And who should say that the husband was the person, in every case, who infected the wife ? It could never be said, he thought, what percentage of cases of latent syphilis would go wrong afterwards. But it was possible to get near the truth in respect of some of the matters raised. Professor Fournier was near the truth when he said it was very rare for anybody to transmit syphilis to his wife or children four years after the primary lesion, and yet Fournier himself gave a case in which it was transmitted after eighteen years. The judgment must be used in the individual case ; one must think not only what would happen if a man married, but also of what would happen if he did not. If there had been adequate treatment for three years, and there were no physical signs, it was well to give permission to marry at the end of the fourth year, if the blood was still negative though no treatment had been given for the last year. At the same time he had recently seen a case of a woman who came with a primary sore and an early roseolar rash. Her W.R. was just becoming positive, and this was turned into negative by treatment and kept so for four years. She had no other clinical signs. She came back recently with a congenital syphilitic child and had a positive Wassermann a week afterwards.

It was the neurologist who was not a good guide in this matter—he only saw the exceptions ; and the man to help

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an accurate generalisation was the general practitioner. He saw the patients early and late, and his touch with the family enabled him to know the development of tabes and other sequelæ years afterwards.

He would like to hear from Dr. Panton his opinion on the relationship between the Wassermann and immunity. He, the speaker, thought the only test of cure was that the patient had lost his immunity and so could be re-infected. Did Dr. Panton think the Wassermann and immunity went hand-in-hand?

Captain F. C. DOBLE remarked on the pessimism which marked both the opening papers, especially Dr. Riddoch's. The matter must be faced, and the answer must be given to the patient when he asked whether he could safely marry, because, as was said, syphilophobia was a worse disease, and led to suicide in more cases than was realised. It had not been sufficiently emphasised that in a woman syphilis was worse than in a man. Every woman who had at any time shown a positive Wassermann should have a course of treatment immediately she became pregnant. Several times he had seen cases in which serological tests had remained negative ten years, but a syphilitic child was born.

And he was very glad that the question had been raised as to the chances of the man being later an encumbrance instead of a help to his family. He thought part of the onus or responsibility of deciding as to marriage could be thrown on the medical referee of the insurance companies, in saying whether they would accept such people for insurance.

Dr. B. B. SHARP said that after hearing the opening papers he felt more pessimistic on the subject than formerly. He had been in the habit of making sure that the Wassermann in blood and cerebro-spinal fluid had remained negative two years before saying a person was cured of syphilis. He was now realising that it was an unsafe criterion. Cases of the following kind cropped up at the Children's Hospital, Great Ormond Street. A father admitted having had syphilis some years ago, perhaps before marriage. His Wassermann was negative but the wife's and the child's were positive, the child being a congenital syphilitic. That did not prove that the mother had not also had syphilis.

He could remember two or three cases in which the disease had been transmitted to the second generation.

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In one the child was a syphilitic, but the mother was apparently healthy though she had a positive Wassermann. The husband, a young man, had a negative Wassermann, and said he had never had syphilis. But the mother's mother had a positive Wassermann. Syphilis in the second generation was, as a rule, more easily cured than was syphilis in the first generation. He had seen cases in which the wife had been infected after conception. One admitted having developed a syphilitic sore while away from her husband, in the early stages of her pregnancy. On occasion one found that Colles' law did not hold good. He had had cases in which a mother had a congenital syphilitic child and her Wassermann was persistently negative in regard to the blood ; he had not examined her cerebro-spinal fluid. In another case a mother and child, apparently healthy, came to be tested because the husband had developed G.P.I. The mother was positive, the child negative.

Syphilis in the primary stage could be cured, and fairly rapidly. One man had a single course for the disease in the primary stage. When next seen six months later he had another primary sore, and the Wassermann was still negative. Dr. Riddoch's requirement that a person who had at any time had a positive Wassermann should have occasional treatment throughout life was rather upsetting to one's rule in pronouncing a case cured if the blood and spinal fluid were negative two years. He had usually told the man with a persistently positive Wassermann that he would be safe to marry if his wife did not become pregnant. Did periodic treatment make the wife and children safe ?

It was difficult to decide how far one was justified in refusing people permission to marry. Even when a man had a positive Wassermann it did not follow that infection would follow marriage ; that only came about in the small percentage of cases in which there was old latent syphilis. The best plan was to make the man consult his partner, and if she was prepared to accept the risk put to her, marriage should be permitted.

He did not think insurance companies would help much in these matters, as they seemed to play always for safety rather than to take a balanced view of all the circumstances.

He asked whether Dr. Panton had known a provoca-

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tive injection to cause a positive Wassermann in a cerebro-spinal fluid which had previously been negative.

Colonel E. G. FRENCH said this question was entirely one of treatment. In adequately treated cases permission to marry could be given after a period of years. In primary cases it was the custom of himself and colleagues to treat them for two years, to test their blood, and—if they would allow it—their cerebro-spinal fluid during another year, and if the Wassermann remained negative and they were free from clinical symptoms, they were regarded as free to marry with safety. In the secondary cases there should be four or five years of freedom from clinical symptoms after treatment, before marriage was approved. Otherwise few people who had once acquired syphilis would marry, and the restriction would be hard upon them. Thousands of people married having satisfied the requirements mentioned, and they got along fairly well, only a minority suffering from later manifestations.

With regard to the Wassermann reaction, he would not advise a man with a positive Wassermann to marry until eight to ten years had elapsed. By that time, he thought, the disease had been fairly well worked out of his system, as regards conveying the disease to his wife and offspring, although he might develop tertiary lesions many years afterwards. The people who produced syphilitic children were those who had been inadequately treated.

Dr. MARGARET RORKE referred to a case in which, in 1922, a woman was three months pregnant, and the husband said he had had gonorrhœa but not syphilis; he was an R.A.M.C. sergeant, and was acting as orderly. He came with his wife, and had with him a paper stating that the Wassermann was negative, the complement-deviation minus-plus. The patient was treated for gonorrhœa, very mild; the Wassermann was done, and it was negative. At eight months she was delivered of a horrible, syphilitic child. When the child died the man wrote stating that he had had syphilis, had been well treated, and that the Wassermann was negative since stopping the treatment.

Another case was one which dated further back. When the speaker was in general practice, in 1912, she was asked to see a poor woman who had seen several doctors, none of whom knew what was the matter with her. She was admitted to the house by the patient herself, who walked

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with difficulty, and had typical tabes. Dr. Rorke knew the husband was an old soldier, and asked him if he had ever had syphilis, and his story was that in the 'eighties he was a very young soldier in Egypt and had a sore, and was taken into hospital and watched for six to eight weeks. He had no more treatment from that time to 1912, and there were no more signs of disease. There were three children, and she was told that one of them had a bad heart.

Such cases as these proved the necessity of being very guarded in prognosis, and that the latter must depend a good deal on the length of treatment the patient had had. She agreed that in cases in which a woman had had syphilis, no matter how adequately she had been treated, she must, in order to produce a healthy child, have injections with each pregnancy.

Dr. PANTON, in reply, said he hoped he condemned the pathologist even more than the dermatologist in this matter. With regard to the Wassermann as evidence of immunity, he thought the reaction was simply the response to spirochætal infection, as shown by an obscure change in the serum, and that it was not an evidence of immunity of the disease. Progressive syphilis existed with the Wassermann positive. Possibly a second attack was the best evidence of immunity to syphilis, but even that was not definite, and he would like to mention one case which bore on that point. A man whom he saw gave a history of an attack of syphilis fifteen years previously, and apparently it was adequately treated. Wassermann became negative, and eighteen months before the speaker saw him he had a second attack, with a chancre of the penis, with spirochætes in it, and the Wassermann was positive. The Wassermann rapidly became negative, but within a year of that attack he had definite symptoms and physical signs of tabes. The first attack did not seem to have been cured in regard to his central nervous system. He was a tennis player, and in his tabetic state he could not tell the difference between the feel of a hard court and a grass court.

Dr. Pantan said he appreciated the difference between the case of the woman and the man, but he was surprised to hear that syphilis in the woman was worse than in the man, but he took it that this only meant in regard to infectivity.

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He regretted he could not answer one question, namely, as to the effect of a provocative dose on changes in the cerebro-spinal fluid. He had had very little success with provocative doses in the serum reactions ; only rarely had he seen it come off. He could only think of one case with a negative blood reaction and a spinal fluid completely negative except for the colloidal gold reaction, which was negative of general paralysis. That man was given an injection of N.A.B., and a positive reaction in the spinal fluid followed. He subsequently developed general paralysis. Still his experience of examining the spinal fluid after a provocative dose was very small.